

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 6694

BILL NUMBER: SB 408

NOTE PREPARED: Jan 15, 2014

BILL AMENDED:

SUBJECT: Neonatal Abstinence Syndrome.

FIRST AUTHOR: Sen. Becker

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X **GENERAL**
DEDICATED
FEDERAL

IMPACT: State

Summary of Legislation: This bill has the following provisions:

- (1) Defines "neonatal abstinence syndrome" (NAS).
- (2) Requires the Indiana State Department of Health (ISDH) to:
 - (A) adopt temporary guidelines and procedures before November 1, 2014, for mandatory reporting by hospitals of NAS data to the ISDH;
 - (B) provide a report before January 1, 2016, to the General Assembly regarding the first year of reporting of NAS data; and
 - (C) adopt permanent guidelines and procedures before November 1, 2016, for mandatory reporting by hospitals of NAS data to the ISDH.
- (3) Recommends that the Commission on Improving the Status of Children in Indiana:
 - (A) study certain treatment services available to pregnant women who are addicted to illegal or prescription drugs;
 - (B) study the educational and training services available to the public and certain professionals who might encounter an infant born with NAS during the course of their duties; and
 - (C) make any recommendations for legislation as the Commission considers appropriate.

Effective Date: July 1, 2014.

Explanation of State Expenditures: *Summary:* The ISDH reports implementing the reporting requirement in the bill would increase one-time state expenditures between \$30,000 and \$50,000.

Additional Information: The reported incidence rate for NAS is estimated to be between 1.2 and 3.39 per 1,000 births. Indiana has a birth rate of approximately 86,000 births per year, therefore between 103 and 292 newborns can be expected to have NAS annually.

This bill is expected to increase ISDH workload to adopt necessary rules that require hospitals to report incidence rates of NAS to the ISDH and report findings to the General Assembly. ISDH workload could also increase to take remedial action against hospitals who neglect to provide the required information.

The ISDH reports implementing the reporting and tracking requirements could increase state expenditures between \$30,000 and \$50,000 in one-time costs (1) for information technology upgrades to receive reports from hospital staff and (2) to provide reporting training.

The bill prohibits information submitted to the ISDH to be used by law enforcement for the purposes of criminal investigation and prosecuting purposes and by the Department of Child Services (DCS) for the purposes of termination of parental rights or for declaring a newborn a child in need of services (CHINS). This provision is expected to have no fiscal impact.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: ISDH, DCS, ISP.

Local Agencies Affected: Local law enforcement.

Information Sources: Scott Zarazee, ISDH; Brady Brookes, DCS; Stephen Patrick, Robert Schumacher, Brian Benneyworth, Elizabeth Krans, Jennifer McAllister, and Matthew Davis “*Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009*”.

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